


01-30-02

A/R

Please type a plus sign (+) in the box ☐

REISSUE PATENT APPLICATION TRANSMITTAL			
Address to: <b>Assistant Commissioner for Patents</b> <b>Box Patent Application</b> <b>Washington, DC 20231</b>		Attorney Docket No.	X-10709B
		First Named Inventor	ANDERSON, et al.
		Original Patent Number	5,910,319
		Original Patent Issue Date (Month/Day/Year)	JUN. 8, 1999
		Express Mail Label No.	EL342553768US
APPLICATION FOR REISSUE OF: <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent (check applicable box)			
APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate) 3. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) 4. <input checked="" type="checkbox"/> Reissue Oath/declaration (original or copy) (37 CFR 1.175)(PTO/SB/51 or 52) 5. Original U.S. Patent <input type="checkbox"/> Offer to Surrender Original Patent (37 CFR 1.178) (PTO/SB/53 or PTO/SB/54) or <input checked="" type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit/Declaration of Loss (PTO/SB/55) 6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or PTO/SB/54) <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney		7. <input type="checkbox"/> Transfer drawings from Patent File 8. <input type="checkbox"/> Foreign Priority Claim (35 USC 119) (if applicable) 9. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 10. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable) 11. <input type="checkbox"/> Small Entity <input type="checkbox"/> Stmt. Filed in prior application, Status still proper and desired 12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. <input type="checkbox"/> Other: _____ _____ _____ _____ _____	
15. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)		<input type="checkbox"/> Correspondence address below	
Name <b>ROBERT D. TITUS</b>			
Address		 <b>25885</b> PATENT TRADEMARK OFFICE	
Eli Lilly and Company Lilly Corporate Center, Drop Code 1104			
City	Indianapolis	State	Indiana
Country	USA	Telephone	317-277-3729
		Zip Code	46285
		Fax	317-276-3861
Name (Print/Type)		Registration No. (Attorney/Agent)	
Signature <i>Robert D. Titus</i>		Date <i>January 28, 2002</i>	

01/28/02



J1133 U.S. PTO

10058891-012802

J028 U.S. PTO

10/058891



01/28/02

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PTO/SB/17 (12/97)

Approved for use through 09/30/00. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL

Note: Effective November 10, 1997.  
Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$1,388.00)

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit  
Account  
Number  
Deposit  
Account Name

05-0840

Eli Lilly and Company

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 ☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	740
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$740.00)

### 2. CLAIMS

Total Claims	Extr a	Fee from below	Fee Paid
5	-20**	36	X 18 = 648
Independent Claims	3	-3**	0 X 84 = 0
Multiple Dependent Claims (first time)	0	X 280	= 0

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim
109	84	209	42	Reissue independent claims over original patent
110	18	210	9	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$648.00)

\*\*or number previously paid, if greater; For Reissues, see above

Complete if Known	
Application Number	
Filing Date	
First Named Inventor	ANDERSON, et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	X-10709B

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge-late filing fee or oath	
127	50	227	25	Surcharge-late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive-unavoidable	
141	1,280	241	640	Petition to revive-unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design Issue Fee	
144	620	244	310	Plant Issue Fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt.	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

## SUBMITTED BY

Typed or Printed Name ROBERT D. TITUS  
Signature *Robert D. Titus*

\*Express Mail\* mailing label number EL342553768US  
Date of Deposit 1-28-02

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Assistant Commissioner of Patents, Washington, D.C. 20231.

Printed Name

Signature

U.S. PTO  
10/058891  
Jc828  
01/28/02

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REISSUE PATENT APPLICATION TRANSMITTAL



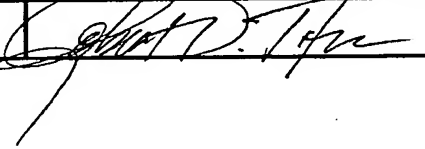
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	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	14. <input type="checkbox"/> Other: _____ _____ _____ _____ _____

15. CORRESPONDENCE ADDRESS

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City: Indianapolis	State: Indiana	Zip Code: 46285
Country: USA	Telephone: 317-277-3729	Fax: 317-276-3861
Name (Print/Type): ROBERT D. TITUS	Registration No. (Attorney/Agent): 40,206	
Signature: 	Date: January 28, 2002	

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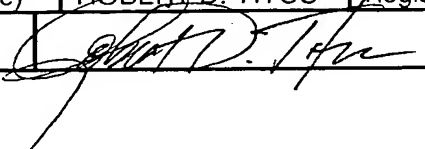
JC828 U.S. PTO  
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(Insert Customer No. or Attach bar code label here)

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Country	USA	Zip Code	46285
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Name (Print/Type)	ROBERT D. TITUS	Registration No. (Attorney/Agent)	40,206
Signature		Date	January 28, 2002